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CONFIRMATION NO. 1781

<b>SERIAL NUMBER</b> 10/723,018	<b>FILING OR 371(c) DATE</b> 11/26/2003 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2163	<b>ATTORNEY DOCKET NO.</b> 12382.0015.P	
<b>APPLICANTS</b> MR { Hugh Harnsberger, Salt Lake City, UT; Anne Osborn, Salt Lake City, UT;					
<b>** CONTINUING DATA *****</b> MR This appln claims benefit of 60/429,933 11/27/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/25/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance <u>Slip</u> <u>MF</u> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UT <u>MF</u>	<b>SHEETS DRAWING</b> 21 <u>MF</u>	<b>TOTAL CLAIMS</b> 15 <u>MF</u>	<b>INDEPENDENT CLAIMS</b> 3 <u>MF</u>
<b>ADDRESS</b> Brent T. Winder Jones Waldo Holbrook & McDonough Suite 1500 170 South Main Street Salt Lake City, UT84101					
<b>TITLE</b> <u>MR</u> Electronic clinical reference and education system and method of use					
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		